

Bi-Weekly Time Sheet

Please fill this out and turn in to the Office of Education.

Internship Title: _____

Name: _____

Mentor: _____

Bldg & Room #: _____

Day & Date	Hours	Total
M		
T		
W		
TH		
F		
M		
T		
W		
TH		
F		
Total Hours		

Your Signature: _____

Mentor's Signature: _____